

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540624

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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25		/		/		
26		1		1		
27	/		/			
28		1		1		
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TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		45	←		←
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY